

Contract for Non-Welfare Support Enforcement Services

Your Full Name (*Print*): _____ SSN: _____

Other Parent's Full Name (*Print*): _____

The Department of Health and Human Services (DHHS) will provide child support enforcement services for any child, as required by law. If you want services, fill in the Application form, sign 2 copies of this Contract, and give the completed forms to DHHS.

Right now, there is no cost to you for the Department's services. If this changes, you will be told in writing ahead of time. At that time, you can decide if you still want the Department's services.

This Contract is part of the Application. Read the Application and Contract with care. If you sign the Contract, it means you agree with all its terms.

Contract

1. The Department may act for me as needed to provide the services covered by this Contract. The Department can endorse all drafts, checks or money orders for support it receives from the other parent.
2. I understand this Contract does not create an attorney-client relationship between the Department and myself.
3. I agree all support payments will be paid through the Department so a record is kept. If I get support payments from the other parent, I will send them to the Department. I will do this as long as I receive services from the Department. If I now get child or spousal support payments through a clerk of court or other forwarding agent, I will ask that all payments be sent to the Department (payable to Treasurer, State of Maine) instead of to me. The Department will send all payments owed to me as soon as reasonable after normal processing.
4. After current support is paid, the Department will apply payments it gets to past support. Past support owed to me will be paid first, unless payment is from a tax refund. Payments from tax refunds will be applied first to any debt owed to the Department. Other than payments from tax refunds, past support owed to the Department will be paid second.
5. I know and understand the Department has limited resources. I know the Department may not be able to act right away on my case. I know the Department does not guarantee results. I know if the law does not require an action, the Department will decide whether or not to take the action.
6. I agree to tell the Department in writing if I want the Department to stop providing services.
7. I have read the reverse side of this Contract. I understand the statements on the reverse side are part of this Contract.

☐ Yes If I am overpaid support, the state can withhold a portion of my child support, at a reasonable
☐ No rate, from future child support payments.

Your signature: _____ Date: _____

Child support enforcement services include:

- Establishing paternity for children born out of wedlock and establishing child support orders for current and past support.
- Establishing child support orders, including medical support and child care obligations.
- Locating non-custodial parents.
- Enforcing child support, spousal support, medical support, and child care obligations.
- Recording and distributing child support payments.
- Reviewing and taking necessary steps to modify child support orders when circumstances change.

Child support enforcement services do not include:

- Giving legal advice;
- Getting divorce judgments or spousal support orders;
- Enforcing visitation rights;
- Getting involved in custody matters; or
- Enforcing property settlements.

Distribution of child support collections in non-TANF cases:

- Non-TANF collections normally are processed within two days of when payment is received by DHHS.
- If the other parent is ordered to pay support for more than one family, collections are divided among the families.
- If you are owed past support, you will be paid first, unless there is a debt owed DHHS and the money is from a federal income tax refund intercept.
- Collections from federal income tax refunds are not distributed for 6 months in the case of joint returns. A portion of the refund may belong to the unobligated spouse.
- To find out how much child support is collected from week-to-week, call 1-800-371-7179.

If you do not agree with the amount of child support you have received:

Write to: Case Review Unit, Department of Health and Human Services, 11 State House Station, Augusta, ME 04333-0011. Please include your name, case ID number, phone number and your reason for writing. Your claim will be reviewed and answered in writing. You can also contact Case Review through the web: <http://www.maine.gov/DHHS/bfi/dser/> or by e-mail at Case.Review@maine.gov.

When services end:

The Department will stop providing services for you if you make the request in writing. If the Department wants to end services, we will tell you in writing and explain why. We will give you a chance to respond before ending services.

Maine Department of Health and Human Services - Non-Welfare Support Enforcement Application

TYPE OR PRINT CLEARLY

Attach Photograph of Other Parent if One is Available

YOUR INFORMATION			
Your Full Name:		DOB: / /	SSN: - -
Address: (Please include City, State, Zip Code)	Home Tel. () - -		Work Tel. () - -
	Date separated from other parent: / /		
	Family lived together in Maine? Yes No		Domestic Violence? Yes No
	Do you provide health insurance for the children? Yes No		

CHILD(REN) - FOR WHOM YOU ARE SEEKING SUPPORT							
Child's Full Name	DOB	SSN	Place of Birth	Child conceived in Maine?	Paternity Established	Born From Marriage	Your Relationship to child
	/ /	- -		Yes No	Yes No	Yes No	
	/ /	- -		Yes No	Yes No	Yes No	
	/ /	- -		Yes No	Yes No	Yes No	
	/ /	- -		Yes No	Yes No	Yes No	
	/ /	- -		Yes No	Yes No	Yes No	
	/ /	- -		Yes No	Yes No	Yes No	

OTHER PARENT INFORMATION			
Other Parent's Full Name:		DOB: / /	SSN: - -
Address: (Please include City, State, Zip Code)	Place of Employment:		Home Tel. () - -
			Cell #: - -
	Trades/Skills:		Work Tel. () - -
Place of Birth:		Does he/she provide health insurance for the children? Yes No	
Father's full name:		Mother's maiden name:	

SUPPORT ORDER INFORMATION <i>(Please attach copies)</i>	
Is there a court order against this parent? Yes No Pending	Date of Order: / /
Court Name:	Court Location:
Type of order: Divorce Paternity Protection Other	
Have you received support payments? Yes No <i>(If Yes, please attach a list)</i>	
Signature:	Date:

** Providing copies of court orders and birth records will increase the speed in which your case is processed!*